

# REQUEST FOR PROPOSAL

## Addendum # 2



Department Of Executive Services  
Finance and Business Operations Division  
**Procurement and Contract Services Section**  
206-684-1681 TTY RELAY: 711

**DATE ISSUED: February 18, 2005**

**RFP Title: Access to Recovery**

**Requesting Dept./ Div.: King County Department of Community & Human Services – MHCHDS**

**RFP Number: 108-05CMB**

**Revised Due Date: March 22, 2005 - 2:00 P.M.**

**Buyer: Cathy Betts, [cathy.betts@metrokc.gov](mailto:cathy.betts@metrokc.gov) (206) 263-4267**

This addendum is issued to revised the original Request for Proposal, dated February 3, 2005 as follows:

1. The proposal opening date remains as changed vial Addendum 1: Tuesday, March 22, 2005 no later than 2:00 p.m.

**The following informational items were discussed at the pre-proposal conference:**

1. Service Funding Available to the Applicant: A minimum of \$1.4 million is available to the Applicant for direct services through December 2005. With these funds, the applicant shall employ Recovery Support Specialists and reimburse providers for recovery support services provided to ATR-eligible clients.
1. Number of Clients to be Served: Assistance shall be provided to 900 clients, including about 180 family members benefiting from assistance provided to 720 individuals.
2. Project Implementation Date: The expected implementation date is May 2, 2005.
3. Government Performance and Results Act survey form: The GPRA data collection tool follows on the remained pages of this addendum.

**(continued on page 2)**

**TO BE ELIGIBLE FOR AWARD OF A CONTRACT, THIS ADDEMDUM MUST BE SIGNED AND SUBMITTED TO KING COUNTY**

**Sealed proposals will only be received by:**

**King County Procurement Services Section, Exchange Building, 8<sup>th</sup> floor, 821 Second Avenue, Seattle, WA 98104-1598. Office hours: 8:00 a.m. - 5:00 p.m., Monday - Friday**

Company Name

Address		City / State / Postal Code
Signature	Authorized Representative/Title	
Email	Phone	Fax

This Request for Proposal – Addendum will be provided in alternative formats such as Braille, large print, audiocassette or computer disk for individuals with disabilities upon request.

## ATR GPRA DATA RECORD

### A. RECORD MANAGEMENT

Client Voucher Number: \_\_\_\_\_

Interview Date:      |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_|  
                                 Month      Day      Year

Interview Type:      ☐ intake    ☐ status interview    ☐ discharge

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**DK Can be answered for any questions that the client does not know the answer to or refuses to answer.**

### B. DRUG AND ALCOHOL USE

1.      During the past 30 days how many days have you used the following:

	<u>Number of days</u>
a.    Any alcohol .....	__   __
b1.   Alcohol to intoxication (5+ drinks in one sitting).....	__   __
b2.   Alcohol to intoxication (4 or fewer drinks and felt high) .....	__   __
c.    Illegal drugs .....	__   __

2      During the past 30 days how many days have you used the following:

	<u>Number of Days</u>	<u>Route of Administration</u>
a.    Cocaine/Crack .....	__   __	_____
b.    Marijuana/Hashish .....	__   __	_____
c.    Heroin/other opiates .....	__   __	_____
d.    Hallucinogens/psychedelics .....	__   __	_____
e.    Methamphetamines or other amphetamines .....	__   __	_____
f.    Benzodiazepines .....	__   __	_____
g.    Barbiturates .....	__   __	_____
h.    Ecstasy and other club drugs .....	__   __	_____
i.    Ketamine .....	__   __	_____
j.    Inhalants .....	__   __	_____
k.    Other Illegal Drugs (SPECIFY) .....		
1)   Name of Other Illegal Drug _____	__   __	_____
2)   Name of Other Illegal Drug _____	__   __	_____

**NOTE: CODES FOR ROUTE OF ADMINISTRATION ARE AS FOLLOWS (INSERT ABOVE):**

- |                   |   |
|-------------------|---|
| 1. <i>Oral</i>    | 4. <i>Injection (IV or intramuscular)</i> |
| 2. <i>Smoking</i> | 5. <i>Other</i>                           |

3. *Inhalation*

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**C. FAMILY AND LIVING CONDITION (DO NOT READ OPTIONS TO CLIENT)**

1. In the past 30 days, where have you been living most of the time?

- ☐ Homeless – No fixed address; includes shelters
- ☐ Dependent Living – Dependent children and adults living in a supervised setting such as a halfway house or group home
- ☐ Independent Living (including on own, self-supported, and non-supervised group homes)

2. Do you have children?

- ☐ YES
- ☐ NO

2a. How many children do you have?

|\_|\_|\_|

2b. Are any of your children living with someone else due to a child protection court order?

- ☐ YES
- ☐ NO

2c. If yes, how many of your children are living with someone else due to a child protection court order?

|\_|\_|\_|

2d. For how many of your children have you lost parental rights? (The client's parental rights were terminated.)

|\_|\_|\_|

3. IF FEMALE: Are you currently pregnant?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

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**D. EDUCATION AND EMPLOYMENT**

1. Are you currently enrolled in school or a job training program?

- ☐ NOT ENROLLED  
☐ ENROLLED, FULL TIME  
☐ ENROLLED, PART TIME  
☐ OTHER (SPECIFY) \_\_\_\_\_

2. Are you currently employed?

- ☐ Full time – Working 35 hours or more each week; includes members of the uniformed services  
☐ Part time – Working fewer than 35 hours each week  
☐ Unemployed, looking for work during the past 30 days or on lay off from a job  
☐ Not in labor force – Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution  
☐ Other (SPECIFY) \_\_\_\_\_

3. If not in the labor force, what is your status?

- ☐ Student enrolled in a school or job training program  
☐ Homemaker  
☐ Retired  
☐ Disabled  
☐ Inmate of an institution that restrains a person, otherwise able, from the workforce  
☐ Other (SPECIFY) \_\_\_\_\_

4. What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion)

|\_|\_| level in years

4a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

- ☐ Yes  
☐ No

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**E. CRIMINAL JUSTICE**

1. In the past 30 days, how many times have you been arrested and charged? (IF NO ARRESTS, GO TO ITEM E3)

|\_|\_|  
TIMES

2. In the past 30 days, how many times have you been arrested and charged for alcohol or illicit drug offenses?

|\_|\_|  
TIMES

3. In the past 30 days, how many nights have you spent in jail/prison? (NOTE: THIS INCLUDES NOT BEING FORMALLY ARRESTED.)

\_\_\_\_\_  
NIGHTS

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## F. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? (i.e., did the client participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc.)

☐ YES  
☐ NO

2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

☐ YES  
☐ NO

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

☐ YES  
☐ NO

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

☐ YES  
☐ NO

5. To whom do you turn to when you are having trouble?

☐ NO ONE  
☐ CLERGY MEMBER  
☐ FAMILY MEMBER  
☐ FRIENDS  
☐ OTHER (SPECIFY): \_\_\_\_\_

**G. SERVICES (DO NOT COMPLETE AT INTAKE)**

**Identify the number of DAYS provided to the client since the last interview.**

	<b>Modality</b>	<b>#Days</b>
1.	Day Treatment	_ _ _
2.	Inpatient/Hospital (other than detoxification)	_ _ _
3.	Outpatient	_ _ _
4.	Outreach	_ _ _
5.	Intensive Outpatient	_ _ _
6.	Methadone	_ _ _
7.	Residential/Rehabilitation	_ _ _
8.	Detoxification	_ _ _
	a. Hospital Inpatient	_ _ _
	b. Free-Standing Residential	_ _ _
	c. Ambulatory Detox	_ _ _
9.	Recovery Support	_ _ _

**Identify the number of SESSIONS provided to the client since the last interview.**

	<b>Clinical Treatment Services</b>	<b>#Sessions</b>
1.	Screening/assessment	_ _ _
2.	Brief Intervention	_ _ _
3.	Treatment Planning	_ _ _
4.	Individual Counseling	_ _ _
5.	Group Counseling	_ _ _
6.	Family/Marriage Counseling	_ _ _
7.	Co-occurring Treatment Services	_ _ _
8.	Pharmacological Interventions	_ _ _

**Clinical Treatment Services**

**#Sessions**

- |     |                         |         |
|-----|-------------------------|---------|
| 1.  | Screening/assessment    | _ _ _ _ |
| 2.  | Brief Intervention      | _ _ _ _ |
| 3.  | Treatment Planning      | _ _ _ _ |
| 4.  | Individual Counseling   | _ _ _ _ |
| 9.  | HIV/AIDS Counseling     | _ _ _ _ |
| 10. | Other Clinical Services | _ _ _ _ |

**Case Management/Recovery Support Services**

**#Sessions**

- |     |  |         |
|-----|--|---------|
| 11. | Family Services (including Marriage education, parenting and child development services) | _ _ _ _ |
| 12. | Child Care   | _ _ _ _ |
| 13. | Employment Services  | _ _ _ _ |
|     | 13a. Pre-employment Services   | _ _ _ _ |
|     | 13b. Employment Coaching   | _ _ _ _ |
| 14. | Individual Services Coordination   | _ _ _ _ |
| 15. | Transportation   | _ _ _ _ |
| 16. | HIV/AIDS service   | _ _ _ _ |
| 17. | Supportive transitional drug-free housing services                                       | _ _ _ _ |
| 18. | Other Recovery Coordination Services   | _ _ _ _ |

**Medical Services**

**#Sessions**

- |     |                                    |         |
|-----|------------------------------------|---------|
| 19. | Medical Care                       | _ _ _ _ |
| 20. | Alcohol/Drug Testing               | _ _ _ _ |
| 21. | HIV/AIDS Medical Support & Testing | _ _ _ _ |
| 22. | Other Medical Services             | _ _ _ _ |

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**G. SERVICES (DO NOT COMPLETE AT INTAKE) (CONTINUED)**

	<b>After Care/Recovery Support Services</b>	<b>#Sessions</b>
23.	Continuing Care	_ _ _
24.	Relapse prevention	_ _ _
25.	Recovery Coaching	_ _ _
26.	Self-help and Support Groups	_ _ _
27.	Spiritual Support	_ _ _
28.	Other After Care Services	_ _ _

	<b>Education/Recovery Support Services</b>	
29.	Substance Abuse Education	_ _ _
30.	HIV/AIDS Education	_ _ _
31.	Other Education Services	_ _ _

	<b>Peer-to-Peer Recovery Support Services</b>	
32.	Peer Coaching or Mentoring	_ _ _
33.	Housing Support	_ _ _
34.	Alcohol- and Drug-Free Social Activities	_ _ _
35.	Information and Referral	_ _ _
36.	Other Peer-to-Peer Recovery Support Services	_ _ _



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**I. ATR DISCHARGE INFORMATION (EXIT INTERVIEW)**

1. What is the date of discharge (exit from ATR program)? (SPECIFY THE MONTH, DAY, AND YEAR THE CLIENT WAS FORMALLY DISCHARGED FROM THE ATR PROGRAM.)

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
MONTH DAY YEAR

2. What is the reason for discharge?

- ☐ Treatment completed
- ☐ Transferred to another provider
- ☐ Administrative discharge
- ☐ Incarcerated
- ☐ Death
- ☐ Lost contact (dropped out)
- ☐ Other (SPECIFY) \_\_\_\_\_